



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

09/478,188

Filing Date

January 5, 2000

First Named Inventor

Ben Shen

Group Art Unit

1652

Examiner Name

Kathleen Kerr

Total Number of Pages in This Submission

Attorney Docket Number

407T-896010US

ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
☐ Fee Attached
☐ Amendment / Response
☐ After Final
☐ Affidavits/declaration(s)
☒ Extension of Time Request
☐ Express Abandonment Request
☐ Information Disclosure Statement
☐ Certified Copy of Priority Document(s)
☐ Response to Missing Parts/
Incomplete Application
☐ Response to Missing
Parts under 37 CFR
1.52 or 1.53

- ☐ Assignment Papers
(for an Application)
☐ Drawing(s)
☐ Licensing-related Papers
☐ Petition Routing Slip (PTO/SB/69)
and Accompanying Petition
☐ Petition to Convert to a
Provisional Application
☐ Power of Attorney, Revocation
Change of Correspondence
Address
☐ Terminal Disclaimer
☐ Small Entity Statement
☐ Request for Refund

- ☐ After Allowance Communication
to Group
☐ Appeal Communication to Board
of Appeals and Interferences
☒ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)
☐ Proprietary Information
☐ Status Letter
☒ Additional Enclosure(s)
(please identify below):

receipt acknowledgment
postcard**Authorization to Charge Deposit Account**

Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm
or
Individual name

Tom Hunter, Reg. No. 38,498,

Quine Intellectual Property Law Group P.C.

Signature

Date

September 12, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DC 20231 on this date: September 12, 2005

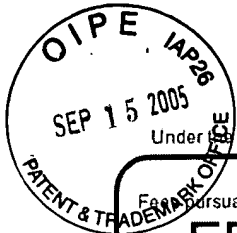
Typed or printed name

Chianti Appling

Signature

Date

9/12/05



Effective on 12/08/2004.

Enacted pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Complete if Known

Application Number	09/478,188
Filing Date	January 5, 2000
First Named Inventor	Ben Shen
Examiner Name	Kathleen Kerr
Art Unit	1652
Attorney Docket No.	407T-896010US

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 760.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): Deposit Account

☒ Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

_____ - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (\$) Fee Paid (\$)

_____ - 100 _____ /50 = _____ Round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____ Fees Paid (\$)

Other: Notice of Appeal 250.00

Other: Petition for Extension of Time 510.00

Other: _____

Other: _____

Other: _____

Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	38,498	Telephone	510-769-3513
Name (Print/Type)	Tom Hunter	Date	9/12/05		